HEALTH INNOVATIONS: TELEHEALTH

PNWER

John Scott, MD, MSc, FIDSA
Medical Director, Telehealth
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WHY TELEHEALTH?

Technology has transformed the way people work, shop and socialize. Patient demands, providers shortages, rising costs and payment reform are forcing stakeholders to assess & adopt technology solutions to meet their needs & objectives.

**Patients**
- Enhanced **access** to and **convenience** of health care services

**Employers**
- Promotion of **workplace health** & decreased **absenteeism**

**Payers**
- Reduced **cost** and **utilization**; promotion of preventative services

**Small Hospitals (e.g., CAHs)**
- Access to **specialist expertise**; **transfer avoidance**

**Large Provider Organizations**
- Enhanced competitive position (access & reach); new **patient capture**, **patient retention**

**Clinically Integrated Networks**
- Reduced **total cost of care**; improve **quality** and **operational efficiencies**

**Key Statistics**
1. Rapid growth anticipated – by 2020 virtual visits to reach 26.2 million*, telehealth spend to reach $66.7M (18.8% annual growth)**.
2. Telemedicine is reimbursed by Medicare, Medicaid and commercial health insurance in WA State
3. 76% of patients prefer access over human interaction*

*Source: Advisory Board 2016
**Source: Mortar Intelligence 2017
DIFFERENT METHODS OF TELEHEALTH

1. Live, face-to-face consultation

2. Store and forward

3. Remote monitoring

4. Case-based teleconferencing
Search for "econ" to view the full list of specialties offering eConsults.
I am requesting an eConsult from Endocrinology for my 65 y.o. year-old female patient with thyroid nodule or goiter.

The following results are available: TSH, free T4

Free T4 15 2/4/2014
Thyroid Stimulating Hormone 2.25 2/4/2014

My clinical question: pt has had thyroid nodule for many years. She had FNA in 2002 which was benign. At that time the nodule was described as being 1.5 cm. The ultrasound that was done most recently shows size of 2.2 cm. The nodule is palpable and unchanged by her assessment. The TSH and free T4 are normal. Should she have another FNA? Does she need a follow up ultrasound?

The most current assessment of this problem can be found in the Apex note dated 12/2/2014

If this clinical question is deemed too complex for eConsult, please,
{ECONSULT FOLLOW UP:1100000002}
eConsults have shown to increase access to specialty care and can improve network adequacy.

UW Medicine % Patients Seen ≤ 30 Days

30% improvement across 3 specialties

Avg. Time-to-complete All Specialties*

*7/17 - 3/18 completed eConsults
Medicaid Cost Savings: Connecticut Experience

- Over 6 months, **lowered mean total costs by $466 per patient** when adjusted for non-normality, compared to those using face-to-face consults
- Reduced costs by **$81 per patient** for outpatient cardiac procedures
- **Improved access** to care for underserved patients
- Reduced the rate of **no-shows** for providers

Daren Anderson, MD; Victor Villagra, MD; Emil N. Coman, PhD; Ianita Zlateva, MPH; Alex Hutchinson, MBA; Jose Villagra, BS; and J. Nwando Olayiwola, MD, MPH. A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients. The American Journal of Managed Care, 24(01), e9-e16.

Baseline: 12.4 standard office referrals per 100 primary care visits

Post eConsult intervention:
9.9 standard office referrals + 0.9 eConsults = 10.7 total referrals per 100 primary care visits = **20% reduction in total referrals**
MOBILE APPS REMOTE MONITORING

Focus – Dror Ben-Zeev

mPOWEr – Heather Evans, Bill Lober

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https://mpower.cirg.washington.edu/demo/users/login
• 15min **didactic** followed by a short question and answer session.
• Specific, in-depth **case consultations** presented by community clinicians via interactive video.
• Experienced physicians, pharmacists, nurses, and microbiologists will lead the weekly sessions.
• Enrollment in a 12-month **curriculum** based on the CDC 7 Core Elements of ASP.
• Policies and procedures (P&P) handbook specific to ASP, including guidelines, published reviews, and pertinent papers.
• 28 paying customers, WA and ID DOH funding

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